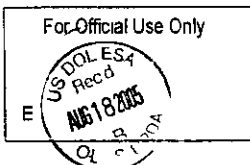


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>1560</u>	2 Fiscal Year Covered From <u>11</u> / <u>11</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>Clacy</u> <u>C</u> <u>Griswood</u> P O Box Bldg Room No if any _____ Street <u>30461 Sparkle Drive</u> City <u>Canyon Lake</u> State <u>CA</u> ZIP Code + 4 <u>92587</u>	4 Name file number and address of labor organization Name <u>Teamsters Local 986</u> Labor Organization File Number <u>015379</u> P O Box Building and Room Number if any _____ Street <u>1198 Durfee Ave</u> City <u>South El Monte</u> State <u>CA</u> ZIP Code + 4 <u>91733</u>
5 Position in labor organization _____	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

Clacy C. Griswood

On

8/12/05  
Date

626 350 9860  
Telephone Number

**From** Bernie Fleischer' <bernie fleischer@pacfed com>  
**To** <info@local986 org>  
**Date** Thu Aug 11 2005 12 28 PM  
**Subject** LM30 Reportable Expenses

Clacy In 2004 the Multi Union Security Trust Fund paid you the following amounts for attendance at educational conferences

\$2 871 66	IFEBP Annual Conference	11/30/04	12/05/04
\$1 310 00	IFEBP Annual Conference	11/13/05	11/16/05

Bernie Fleischer  
Vice President  
PacFed Benefit Administrato s

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